



Linda McCulloch, Superintendent

Montana Office of Public Instruction  
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[www.opi.mt.gov](http://www.opi.mt.gov)

## NEW FUNDS

# GIFTED & TALENTED GRANT APPLICATION FOR SUPPLEMENTAL FUNDS 2007-2008 SCHOOL YEAR OPTION 1: SERVICES TO STUDENTS

### PURPOSE

It is the purpose of the Gifted and Talented Program monies to provide supplemental financial assistance to public school districts to strengthen the quality of elementary and secondary education through support of locally initiated proposals and activities designed to improve educational practices for gifted and talented students. (Montana Code Annotated (MCA) 20-7-901-904)

**DEADLINE:** Postmarked no later than October 19, 2007

### GENERAL PROJECT INFORMATION

Prime Applicant District Name	Legal Entity No.	School System No.	County Name/Number	
Address		City	ZIP	
Check One School System Type	K-8 District	H.S. District	Combined District	K-12 District
Project Director Name			Telephone	
Project Director E-mail Address			FAX	

### STATE FUNDS REQUESTED

Amount Requested	Local Cash Match. Show the total available district matching funds.
\$ _____	\$ _____ ( must equal or exceed grant request)

### STATEMENT OF ASSURANCES

The Applicant District assures the Superintendent of Public Instruction:

1. that the district(s) will comply with all appropriate sections of Montana State Law, Sections 20-7-901 to 904, MCA;
2. that the district will keep records and provide information to the state education agency as reasonably may be required for fiscal audit and program evaluation, consistent with the requirements of the state agency under this statute;
3. that the design, planning, and implementation of programs authorized by this chapter will provide for systematic consultation with parents, teachers and administrative personnel in the school(s) and with other groups as may be deemed appropriate by the local education agency; and
4. that the district will comply with the provisions of Administrative Rules of Montana (ARM) 10.55.804, effective 12/8/00.

### SIGNATURES

_____ Authorized Representative for Prime Applicant District	
_____ Typed Name of Authorized Representative	_____ Date
This district requests assistance in program development: Yes _____ No _____ Best Time of Year _____	

"The Office of Public Instruction is committed to equal employment opportunity and non-discriminatory access to all our programs and services. For information or to file a complaint, contact Kathy Bramer, OPI Title IX/EEO Coordinator, at (406) 444-3161 or [kbramer@mt.gov](mailto:kbramer@mt.gov)."

**A. TOTAL ENROLLMENT**

Total enrollment for each grade level in your district (enter enrollment from Annual Data Collection).

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

**B. GIFTED STUDENT IDENTIFICATION**

Number of gifted students **identified** at every grade level (from Annual Data Collection). If none are identified, indicate by using "0". Leave blank if the district does not identify at this level.

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

**C. GIFTED STUDENTS SERVED BY THIS PROJECT**

Number of identified gifted students **served by this project** at every applicable grade level.

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

Identified gifted students are \_\_\_\_\_% of the total enrollment from Section A.

**D. SCREENING/IDENTIFICATION/PLACEMENT COMMITTEE**

The screening/identification/placement committee is composed of \_\_\_\_\_ members consisting of:  
(Check all that apply.)

Parents      Teachers      Principals      Counselors      Other \_\_\_\_\_

**E. CRITERIA TO SELECT STUDENTS**

Multiple criteria used to select students for the program are:

**TEST NAME****CUT OFF\***

Group IQ test(s) \_\_\_\_\_

Individual IQ test(s) \_\_\_\_\_

Achievement test(s) \_\_\_\_\_

Creativity test(s) \_\_\_\_\_

Checklists:

Teachers

Parents

Administrators

Self

Peers

Other (list) \_\_\_\_\_

Student grades

Student products (portfolio) (specify) \_\_\_\_\_

\*Cut-off scores should not be absolutes but should serve as guidance to the placement team as they examine all data collected and used in the decision-making process.

## **F. PROPOSED PROJECT: OPTION 1 - MEETING THE NEEDS OF IDENTIFIED GIFTED STUDENTS**

### **INSTRUCTIONS FOR COMPLETING STUDENT NEED, OBJECTIVE, AND STRATEGIES**

The grant purpose is to help you address one or more of the three following broad categories of student needs:

**1. Gifted students are not being challenged by their academic program.**

*Example: 100 percent of students identified as gifted in math grades K-8 scored at the advanced level in math on the CRT administered in (year), but when surveyed, 70 percent indicated that they did not feel challenged by their math instruction.*

**2. Gifted student products or assessment scores do not demonstrate growth.**

*Example: 20 percent of the 40 identified gifted students in grades four through eight were performing below grade level, as indicated by the (year) CRT/NRT test scores in their identified strength areas, and by an assessment of student work products.*

**3. Gifted students have social/emotional needs that result in work habits and behavior that prevent them from reaching their full potential.**

*Example: 30 percent of all 45 identified gifted students surveyed in (month, year) feel the school and other students don't understand them, ridicule them, and make them afraid to show their talent.*

**On the following page, state your need and measurable objective, and complete the budget detail for the activities/strategies using anticipated grant funds. You may select any or all of the above categories of student need. Please complete a separate page 4 for each need/objective/strategy. For filling out the budget detail, please refer to the enclosed Allowable Cost Sheet.**

**The budget detail request must be the same dollar amount as funds requested on page 1. (Note: the "local cash match" on page 1 should reflect the total available matching funds from the district's gifted and talented budget. While district's cash match does not need to match item for item, it must consist of district expenditures on gifted education.) The Office of Public Instruction will complete and return a budget page with the approval letter.**

**1. STUDENT NEED DATA**      Check category    **1,    2,    or 3**

Student data (name of data source, and date)\_\_\_\_\_

that (statement of problem, including number or percent of students)\_\_\_\_\_

**2. MEASURABLE OBJECTIVE**

How many (number or percent of students)\_\_\_\_\_

will have accomplished what (desired outcome)\_\_\_\_\_

by (date)\_\_\_\_\_ as measured by \_\_\_\_\_

**3. ACTIVITY/STRATEGY AND BUDGET DETAIL (*grant funds only*)**

Activity/Strategy	Salary and Benefits	Operating
<b>1. Professional Development</b>	\$	\$
Workshop or institute		
On-site visitation for staff training		
In-house staff development		
<b>2. Instruction</b>	\$	\$
Content acceleration		
Grade level acceleration, including dual enrollment		
Curriculum differentiation		
Independent study/individual projects		
Development of IEP's		
Group programming for gifted students (includes honors, advanced placement, seminars, mini-courses, pull-out ability grouping).		
<b>3. Resources</b>	\$	\$
Development of resources such as instructional materials or exemplars for assessment of student products.		
Purchase of resources such as instructional materials.		
<b>4. Other</b> (describe)		
TOTAL GRANT FUNDS FOR THIS STRATEGY	\$	\$